



# APPLICATION FOR ARCHITECT RECIPROCAL REGISTRATION

State Form 1576 (R7 / 11-02)

Approved by State Board of Accounts, 2002

Indiana Professional Licensing Agency  
**Board of Registration for Architects**  
302 W. Washington St., Rm. E034  
Indianapolis, IN 46204-2700

**Fee: \$100.00 With NCARB record**  
**\$400.00 Without NCARB record**

**All fees are nonrefundable and nontransferable**  
**Attach a 2" x 3" recent photo of applicant**

\* This agency is requesting the disclosure of your Social Security Number in accordance with IC 4-1-8-1. Disclosure is mandatory; this record cannot be processed without it. The number will be made available to the Indiana Department of Revenue.

File number (*office use only*)

Applicant's name in full	Date ( <i>month, day, year</i> )	Social Security number *
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## Business Address

Name of firm
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Address ( <i>number and street</i> )
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City	State	ZIP code
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## Residence Address

Address ( <i>number and street</i> )
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City	State	ZIP code
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## Address for Correspondence

☐ Residence ☐ Business

Telephone number

(      )

Citizenship	Date of birth ( <i>month, day, year</i> )
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I hereby apply for registration and license to practice architecture by the following method:

☐ By Reciprocal Registration with NCARB

NCARB certificate Number \_\_\_\_\_ State of Registration \_\_\_\_\_

☐ By Reciprocal Registration without NCARB

STATE(S) OF REGISTRATION	EXPIRATION DATE	REGISTRATION NUMBER

(see reverse side)

**\*PLEASE COMPLETE THE FOLLOWING SECTIONS AND RETURN TO IPLA**

- |   |                              |                             |
|---|------------------------------|-----------------------------|
| a. Have you ever been denied registration?  | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| b. Has your license ever been suspended or revoked?   | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| c. Have you surrendered or allowed your registration to lapse in any jurisdiction due to an action pending or threatened?   | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| d. Has a court or registration board ever found that you have violated the law in the conduct of your architectural practice or that you have engaged in conduct involving the wanton disregard for the rights of others? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| e. Have you entered into a consent or other agreement with any registration board in connection with disciplinary action?   | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

If you have answered **yes** to any of the above questions, provide dates and details of the situation in the space below (*include the result of any appeals*)

**AFFIDAVIT AND NOTARIZATION**

The applicant acknowledges that the Indiana Professional Licensing Agency will compile and evaluate a record with respect to all aspects of the applicant's career. The applicant agrees to provide any additional information in connection with the investigation as may be required by us.

The applicant acknowledges that any statements provided will be available to the applicant. The applicant hereby authorizes the IPLA to transmit the applicant's record and all other pertinent information obtained in the course of its investigation to Architectural Registration Boards of States, Provincial Registrars or other political subdivisions registering architects.

In consideration of the services to be rendered by the IPLA, the applicant hereby releases, discharges and exonerates the Indiana Professional Licensing Agency, its officers, directors and agents from any and all liability or every nature and kind arising out of the transmission of information concerning the application.

The undersigned, being duly sworn, upon oath deposes and says that he / she is the person making the foregoing statements, and that they are made in good faith and are true in every respect.

Signature of applicant

Date (*month, day, year*)

STATE / PROVINCE OR COUNTRY OF:

COUNTY OF:

Subscribed and sworn by the deponent \_\_\_\_\_

before me, at \_\_\_\_\_

on \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.

By \_\_\_\_\_

**NOTARY**

**SEAL**

**ATTACH**

**PHOTO**